

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

Serial No.

Applicant/Est.

09/298610

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN. NO.	O. DEP.	IN. NO.	O. DEP.	IN. NO.	O. DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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47						
48						
49						
50						
TOTAL	15					
IN.						
DEP.						
TOTAL	15					
IN.						
DEP.						
TOTAL	17					

CLAIMS	IN. NO.	O. DEP.	IN. NO.	O. DEP.	IN. NO.	O. DEP.
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100						
TOTAL	15					
IN.						
DEP.						
TOTAL	15					
IN.						
DEP.						
TOTAL	15					